

BUSINESS /CORPORATE FAX REQUEST FOR NEW SERVICE



MURFREESBORO WATER & SEWER DEPARTMENT

*P.O. Box 897
Murfreesboro, Tennessee 37133-0897
Phone: 615-848-3209
Fax: 615-907-2254
Customer Service Department*

Date : _____

Subject: _ WATER & SEWER BILLS

Sender: _____, Customer Service Department

On the companies official letter head include the below:

- 1. Identify the address (plural/singular) where you want water & sewer service to be initiated.*
- 2. Provide the mailing address where you want the bills to be mailed to.*
- 3. Include the date you want your new service to begin.*
- 4. Provide a day time phone number where someone can be contacted about the account.*
- 5. Identify authorized person(s) to make changes, initiate or cancel this account.*
- 6. Include the tax ID number for the business.*
- 7. If your business is tax exempt attach the current tax exempt certificate.*
- 8. The request should bear the name Signed & printed, of the authorized agent to initiate liability on behalf of the company/business.*

****Attach a legible copy of the driver's license of the person initiating the request.***

Service may be obtained by faxing the information listed above the 61-907-2254 or by mailing to P.O. Box 897 Murfreesboro, TN 37133-0897. Our working hours are Monday thru Friday from 8AM – 4:30PM CST, except holidays. Service requests received before 3PM CST can usually be performed the same day. If you have additional questions or concerns please contact our office Monday – Friday during the hours of 8:00 AM – 4:30 PM.

**YOU SHOULD RECEIVE _____ PAGE (S), INCLUDING
THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL 615-848-3209.**